## **Egg donation in the UK, Belgium and Spain: an interdisciplinary study**

**Consent form**

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| --- | --- |
|  | Please initial the box if you agree. Put an X if you disagree: |
| I confirm that I have read and understood the information sheet for the above study dated 30.10.17 (version 1). I have had the opportunity to think about the study, ask questions and had them answered to my satisfaction. |  |
| I understand that my participation is voluntary and that I have the right to withdraw from the study before the interview, during the interview or within 7 days of the interview taking place, without giving a reason. |  |
| I understand that my name and any other details that could identify me will be removed from my interview transcript. |  |
| I agree for you to keep my name and contact details on record until 1 year after the study is completed in order that you may share information about the study with me. |  |
| I agree to the interview being digitally recorded.  I agree that anonymised quotations from the interview may be used in the study outputs and that I will not be identifiable in any way. |  |
| I agree to English language descriptive summaries of the interview being stored at the UK Data Service. (You can still take part in the interview even if you do not agree to this). |  |

**If you are happy that all questions have been answered, and you agree to take part in the study, please put your name, signature and date in the spaces below.**

Name of participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Contact for Further Information: Dr Christina Weis, Centre for Reproduction Research, Hawthorn Building, The Gateway, De Montfort University, Leicester LE1 9BH. E-mail: christina.weis@dmu.ac.uk, Tel. 0116 250 6576.

You will be given a copy of this signed consent form and a copy of the information sheet to keep.